

GUARDIANSHIP

1

Get a Permanent Appointment for an Adult

Part 1: Preparing the First Court Papers
(Forms Packet)

©Superior Court of Arizona in Maricopa County
April 10, 2001
ALL RIGHTS RESERVED
PBGA1fc – 5216



SELF SERVICE CENTER

GUARDIANSHIP

GET A PERMANENT APPOINTMENT FOR AN ADULT

Part 1: Preparing the first Court Papers (Forms Only)

How to assemble these documents

This packet contains forms for preparing the first court papers for a permanent appointment for guardianship for an adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGA1ft	Table of forms in this packet	1
2	PBGA1k	Checklist: <i>“Appointment of Guardian For an Adult”</i>	1
3	PB10f	<i>“Probate Cover Sheet”</i>	2
4	PB11f	<i>“Probate Info Sheet”</i>	1
5	PBGA11f	<i>“Petition for Permanent Appointment of Guardian of an Adult”</i>	4
6	PBGC11f	<i>“Affidavit of Person to be Appointed”</i>	3
7	PBGCA12f	<i>“Petitioner’s Information Sheet to Court Investigator”</i>	2
8	PBGCA13f	<i>“Instructions and Request for Hearing Date Guardianship/Conservatorship of Incapacitated/Protected Person”</i>	1
9	PBGA14f	<i>“Order Appointing Attorney, Physician and Court Investigator for Guardian for an Adult”</i>	1
10	PBGCA15f	<i>“Guidelines for Physician’s Report”</i>	4

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SELF SERVICE CENTER

APPOINTMENT OF A GUARDIAN FOR AN ADULT

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to have the court appoint a guardian for an adult and you know that the adult does not need the court to appoint a conservator, AND
- ✓ The adult lives in Maricopa County, AND
- ✓ A doctor has said or will say that the adult needs a guardian.

Information about when a Conservator is needed: An adult generally needs a conservator:

1. Because the adult has property which will be wasted or used up unless proper management is provided, and the adult needs funds for his or her support, care and welfare, or the funds are needed for the support, care and welfare of those individuals entitled to be supported by the adult.

Information about when a Guardian is needed: An adult generally needs a guardian:

1. If the adult needs the care and supervision of another adult, which is not presently available.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

PROBATE COVER SHEET

Case Number

Pursuant to Rule 3.1 (a) of the Superior Court Local Rules, Maricopa County, please provide the following information. (Type or Print)

DECEDENT'S OR WARD'S NAME

DECEDENT'S OR WARD'S ADDRESS

PETITIONER'S NAME

PETITIONER'S ADDRESS

PETITIONER'S ATTORNEY

REASON FEES NOT PAID:

☐ Government Charge

☐ Deferred

Name and State Bar Number

Check Superior Court Location Requested:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

NATURE OF ACTION

Place an "X" next to the number which describes the nature of the case. Please check only **ONE** nature of action.

200 ESTATE

____ 201 Formal Appointment of Personal
Representative

____ 202 Informal Appointment of Personal
Representative

____ 203 Ancillary Administration

____ 204 Affidavit of Succession to Realty

____ 205 Trust Administration

____ 206 Formal Probate of Will

____ 207 Informal Probate of Will

____ 208 Proof of Authority

____ 210 Other _____

Specify

____ 211 Single Transaction/Limited Conservatorship

____ 212 Foreign Domiciliary

220 CONSERVATOR

____ 221 Minor

____ 222 Adult Incapacitated Person

230 GUARDIANSHIP

____ 231 Minor

____ 232 Adult protected Person

____ 233 Adult Incapacitated Person (Mental Health
Powers)

**240 GUARDIANSHIP-CONSERVATOR
COMBINATION**

____ 241 Minor

____ 242 Adult Incapacitated Protected Person

____ 243 Adult Protected Person (Mental Health
Powers)

PROBATE COVER SHEET - Continued

NAME(S) OF MINOR CHILD(REN):

BIRTH DATE(S) OF MINOR CHILD(REN):

To the best of my knowledge, all information is true and correct.

(If you need additional space, use the next page.)

NAME(S) OF ANY MINOR CHILD(REN):

Petitioner or Attorney Signature

BIRTH DATE(S) OF MINOR CHILD(REN):

NOTICE

Effective July 1, 1987 and pursuant to Superior Court (Maricopa County) Local Rule 3.1 (a), the Superior Court requests that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Maricopa County. For this reason, this form has been developed. The Cover Sheet will result in increased accuracy of court records and statistics, and in reduced processing time for new case filings.

Copies of this Cover Sheet will be made available at the Probate Registrar's Office for the Clerk of the Superior Court.

PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED. This form can only be processed **at the time of filing** New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service.

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the Guardianship of: _____ Case Number PB: _____

A Minor/An Adult

Probate Information Sheet

**THIS FORM IS TO BE COMPLETED BY THE PETITIONER(S) AND RETURNED
TO THE CLERK AT THE TIME OF THE HEARING.**

DESCRIPTION OF	PETITIONER	CO-PETITIONER
Name		
Address		
City, State, Zip		
Telephone Number	()	()
Date of Birth		
Social Security Number		
Passport Number		
Ethnicity		
Height		
Weight		
Color of Hair		
Color of Eyes		
Relationship to allegedly incapacitated person/person to be protected		

Private Fiduciary Certification or Licensing Number: _____

Date of birth of Minor(s) (if applicable): _____

Is the person you are seeking to assist a foreign national? _____ Yes _____ No

If yes, please specify country _____

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing: ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the Guardianship of: _____

Case Number PB: _____

**PETITION FOR PERMANENT
APPOINTMENT OF
GUARDIAN OF AN ADULT**

(Incapacitated Person)

REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

1. INFORMATION ABOUT ME. I am called the Petitioner:

Name: _____ Social Security Number: _____

Address: _____

Telephone: _____ Date of Birth: _____

My relationship to the person I say needs a guardian is: _____

2. INFORMATION ABOUT THE PERSON I SAY NEEDS A GUARDIAN. This person is called the proposed incapacitated person:

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____

3. PERSONS WHO ARE ENTITLED TO NOTICE of the court matter under Arizona law, A.R.S. 14-5309 for guardians, and to whom I will give notice of this case: (See instructions)

Name	Address	Relationship to Person Who I Say Needs a Guardian
------	---------	---

A. _____

B. _____

C. _____

4. ASSETS OF PERSON WHOM I SAY NEEDS GUARDIAN: (check one box)

☐ The person who needs a guardian has no substantial assets or income. No bond by Petitioner is required;

☐ The person who needs a guardian has assets and/or annual income in the approximate amount of \$_____. Explain:_____

5. PERSON TO BE APPOINTED GUARDIAN (complete this only if the person is a different person than Petitioner):

Name:_____

Address:_____

Telephone:_____ Social Security Number:_____

Date of Birth:_____ Driver's License Number:_____

My relationship to the person I say needs a guardian:_____

6. INFORMATION REGARDING GUARDIANSHIP. To the best of my knowledge, (check one box):

- ☐ No Guardian and/or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment; OR
- ☐ Someone has been appointed Guardian and/or Conservator, or court proceedings are pending. Explain who, when, in what court, and if the appointee is guardian or conservator: _____

7. REASONS FOR GUARDIANSHIP: I believe that the person needs a guardian and is incapacitated as defined by Arizona Law, A.R.S. §14-5101(1) to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person because of (check one or more reasons that you think apply):

- ☐ Mental illness, mental deficiency, mental disorder;
- ☐ Physical illness or disability;
- ☐ Chronic use of drugs;
- ☐ Chronic intoxication;
- ☐ Other (explain): _____

8. REASONS FOR REQUESTED PERSON TO BE APPOINTED GUARDIAN: Either I or the person I request to be appointed in Paragraph 5 has priority for appointment under Arizona Law, A.R.S. § 14-5311, because (check one or more that you think apply about the relationship to the person you say is incapacitated):

- ☐ Appointee is the spouse of the incapacitated person;
- ☐ Appointee was selected by the incapacitated person to be the guardian;
- ☐ Appointee is an adult child of the incapacitated person;
- ☐ Appointee is the parent of the incapacitated person;
- ☐ Appointee is a relative of the incapacitated person and has lived with the person more than six months before filing this petition;
- ☐ Appointee was chosen to be the guardian by someone who is caring for the incapacitated person or is paying benefits for the incapacitated person;
- ☐ Appointee is a private fiduciary, a professional guardian, conservator, or the Arizona Department of Veterans' Services.
- ☐ Other (explain): _____

9. **REASONS I AM ASKING FOR A GUARDIANSHIP ORDER:** The appointment of a guardian for the person I say is incapacitated is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interest. I am interested in the welfare of the person in need of protection because (explain): _____

10. **INFORMATION FOR APPOINTMENT OF A PHYSICIAN:** (You cannot ask the court for a guardianship unless the adult is examined by a physician and you file the physician's written report with the court before the hearing. **If authority to consent to inpatient mental health care is being sought, the report must be prepared by a licensed psychiatrist or psychologist.** I have the name, address, and telephone number of a physician who will examine the person I say is incapacitated and whose written report I will file with the court. The physician will also indicate if the incapacitated person needs inpatient mental health care and treatment and/or whether driving privileges should be suspended. ☐ Yes or ☐ No. If yes, identify the name, address and telephone number of the physician.

Name of Physician: _____

Address: _____

Telephone Number: _____

11. **APPOINTMENT OF AN ATTORNEY** (You cannot ask the court for a guardianship unless the adult has a lawyer appointed to represent him or her. See the instructions on how to do this.) (Check one box only and fill in the information requested):

- ☐ The person I say is incapacitated already has an attorney who will represent the person in court about this guardianship:

NAME OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

- OR ☐ The incapacitated person is not represented by an attorney, and I request this Court to appoint an attorney.

REQUIRED STATEMENTS TO THE COURT, UNDER OATH: (Note: you must check each box as true, and all these statements must be true, or you cannot file this Petition.)

12. ☐ TRUE Venue (the court in which you are filing this Petition) is proper in this county because the person who is said to need a guardianship lives in or is present in this county.
13. ☐ TRUE The person who is requesting to be the guardian has completed the required document called **Affidavit of Person to be Appointed as Guardian of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
14. ☐ TRUE I or the person I request to be appointed in Paragraph 5 is a suitable and proper person to act as guardian and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

REQUEST TO THE COURT FOR AN ORDER, UNDER OATH: Petitioner asks the court to do the following:

1. Schedule a hearing to determine if a guardianship is appropriate;
2. Appoint a physician if one is not available to examine the person I say needs a guardian and a lawyer to represent the person.
3. After the Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a guardianship;
4. Make a finding that the person is incapacitated and needs a guardian, and if applicable make a finding that the incapacitated person requires inpatient mental health care.

Please check box if you are requesting this authorization from the court.

- ☐ Pursuant to A.R.S. § 14-5312.01(B), authorize the guardian to give consent for the ward to receive inpatient mental health care including placement in a level one behavioral health facility licensed by the department of health services and medical, psychiatric and psychological treatment associated with that placement.
5. Appoint a guardian of the proposed incapacitated person.
 6. Make any other orders the Court decides are in the best interests of the proposed incapacitated person.

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Petitioner, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____ NOTARY PUBLIC: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the
Guardianship and/or Conservatorship of

Case Number: PB _____

**AFFIDAVIT OF PERSON TO BE APPOINTED
GUARDIAN AND/OR CONSERVATOR**

_____ ☐ an Adult or ☐ a Minor

INSTRUCTIONS: The person who wants to be appointed the guardian and/or conservator must answer each statement as TRUE or FALSE. Each answer that is false must be explained in writing in an attachment to this affidavit.

STATEMENTS MADE UNDER OATH TO THE COURT: Arizona law A.R.S. §14-5106 requires the person seeking appointment to answer items 1-15. Additionally, the Superior Court in Maricopa County requires the person to complete the information requested in item 16. This document must be filed with the Petition for Appointment of Guardian and/or Conservator.

1. ☐ True or ☐ False. I have not been convicted of a felony in any jurisdiction.

2. ☐ True or ☐ False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.

3. ☐ True or ☐ False. I know and understand the powers and duties I would have as a guardian and/or conservator.

4. ☐ True or ☐ False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.

5. ☐ True or ☐ False. I am not, to the best of my knowledge, listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.

6. ☐ True or ☐ False. To the best of my knowledge, no business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.

7. ☐ True or ☐ False. Arizona law requires that a guardian/conservator file an annual report/accounting with the court. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.

8. ☐ True or ☐ False. I have never been removed by the court as a guardian or conservator.

9. ☐ True or ☐ False. The nature of my relationship to the proposed ward or protected person is:

10. ☐ True or ☐ False. I met the proposed ward under the following circumstances: _____
11. ☐ True or ☐ False. I have never received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
12. ☐ True or ☐ False. No business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I am not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
13. ☐ True or ☐ False. To the best of my knowledge, I am not named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.
14. ☐ True or ☐ False. To the best of my knowledge, no business in which I have an interest is named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.
15. ☐ True or ☐ False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.
16. Additional identifying information about the person seeking this appointment:
- | | |
|------------------------------|-------------------------------|
| Gender: _____ | Height: _____ |
| Weight: _____ | Color of eyes: _____ |
| Color of Hair: _____ | Date of birth: _____ |
| Driver License Number: _____ | State issuing license: _____ |
| Expiration Date: _____ | Social Security Number: _____ |

OATH OF THE PERSON SEEKING TO BE APPOINTED AS GUARDIAN AND CONSERVATOR:

STATE OF ARIZONA)
MARICOPA COUNTY) ss.

I have read, understood, and completed the above statements and the attached document. Everything I have said is true and correct to the best of my knowledge, information, and belief.

SIGNATURE: _____

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires: _____

Notary Public

EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF PERSON WHO WANTS TO BE APPOINTED (Required by Arizona Law: A.R.S. § 14-5106)

You must explain the following as an attachment to your Affidavit for any statement which you marked "F" (false). **FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS INSTRUCTION SHEET.** All the information in the explanations is also under oath to the court.

1. As to each felony for which you have been convicted, list:
 - a. The nature of the offense.
 - b. The name and address of the sentencing court.
 - c. The case number.
 - d. The date of conviction.
 - e. The terms of the sentence.
 - f. The name and telephone number of any current probation or parole officer.
 - g. The reasons why the conviction should not disqualify you from appointment.
2. If you have acted as guardian or conservator within three years before filing this petition, list:
 - a. The names of individuals for whom you are currently serving, and court case numbers.
 - b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.
3. If you do not have the required information, please explain how you intend to obtain this information.
4. State the total number of persons for whom you have done this. If you have acted under a power of attorney for the proposed ward/protected person, explain:
 - a. The date the power of attorney was signed.
 - b. The place where it was signed.
 - c. The actions you have taken pursuant to the power of attorney.
 - d. Whether the power of attorney is currently in effect.
5. State the reason for such listing.
6. List the name(s) of the business(s) and the reason for each such listing.
7. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.
8. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
9. State the number of occasions on which you received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
10. State the number of occasions on which the business received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
11. State the number of occasions on which you have been so named.
12. State the number of occasions on which the business was named.
13. List the name and address of each business and the extent and nature of your interest.

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

Instructions to Petitioner: You must complete this form and send it to Court Administration with the Request for Hearing form. This information will assist the Court Investigator in scheduling and conducting an appointment with the person for whom you have said that a guardian and/or a conservator is needed. If you do not complete this form, we might have to delay the Court hearing on your Petition.

Your Case Number: PB _____

1. INFORMATION ABOUT THE PERSON YOU SAY NEEDS GUARDIAN OR CONSERVATOR:

Name: _____ Telephone: _____

Present Address: _____ Permanent Address: _____

2. OTHER INFORMATION ABOUT THE PERSON WHO IS SAID TO BE INCAPACITATED OR IN NEED OF PROTECTION:

A. Location during the daytime: _____

B. Language person speaks, or other information about communication barriers: _____

C. Has the person served in the military? ☐ YES or ☐ NO

D. Location of the person's spouse, if he or she is military? ☐ is alive: _____

3. INFORMATION ABOUT THE PERSON/PEOPLE WHO IS/ARE ASKING TO BE THE GUARDIAN (S) AND/OR CONSERVATOR (S):

Description of:	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work Telephone:		
Social Security No. / State ID No.:		
Race:		
Height:		
Weight:		
Color of Hair:		
Color of Eyes:		
Relationship to Ward:		

4. INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN:

Name: _____ Telephone: _____

Address: _____

5. INFORMATION ABOUT PETITIONER'S ATTORNEY:

Name: _____ Telephone: _____

Address: _____

6. INFORMATION ABOUT CO-PETITIONER'S ATTORNEY:

Name: _____ Telephone: _____

Address: _____

For Court Use Only:

Date and Time of Hearing: _____

Commissioner: _____

Name of Person Filing Paper: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____

Case No. PB _____

INSTRUCTIONS AND REQUEST FOR HEARING DATE GUARDIANSHIP/CONSERVATORSHIP FOR AN ADULT

1. **Court Location:** There are 3 locations of the Superior Court in Maricopa County: downtown Phoenix, the Southeast Court Facility (Mesa) and the Northwest Court Facility (Surprise). The Southeast Court Facility (Mesa) is for persons who live in Mesa, Tempe, Chandler, Gilbert, and Apache Junction to the southern border of the Salt River, but not Scottsdale. You may file your papers at any Superior Court location, but for those filed in Phoenix OR Mesa, your hearing will be held at the downtown Phoenix location, and those filed at the Surprise location will be held in Surprise.

Probate Administration
Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003
(602) 506-3668
Hours: 8 a.m. – 5 p.m.

Probate Administration
Southeast Court Facility
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210
(602) 506-2117

Probate Administration
Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374
(602) 372-9402

2. **Court Documents:** After you file your forms with the Clerk's Office at the Court, take the following documents to Probate Court Administration (address above):

- a. Two copies of the **"Petition for Permanent Appointment"** stamped by the Clerk, AND
- b. Two copies of the **"Affidavit of Proposed Appointee"** stamped by the Clerk, AND
- c. One original and completed **"Information Sheet to Court Investigators"** AND
- d. The original and one copy of this **"Request for Hearing" Form**.

3. **Hearing Date and Assignment of Judicial Officer:** Court Administration will set a hearing date and time and check the box in front of the name of the judicial officer who will hear this case.

HEARING DATE AND TIME: _____, at _____ a.m./p.m.

☐ Judge Barbara Mundell
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Nancy K. Lewis
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Jane Bayham-Lesselyong
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Edward W. Bassett
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

4. **Notice of Hearing:** Court Administration will return this form to you after setting the date, time and place of hearing, and the name of the judicial officer that will hear your case. This is the information you will use to prepare the **"Order Appointing Attorney, Physician, and Court Investigator"** and the **"Notice of Hearing."**

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing: ☐ Self (Without a Lawyer) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the matter of the Guardianship of: _____

Case Number PB: _____

**ORDER APPOINTING ATTORNEY,
PHYSICIAN, AND COURT INVESTIGATOR
FOR GUARDIAN FOR AN ADULT**

(Incapacitated Person)

1. **SCHEDULED HEARING:** A sworn "*Petition for Appointment of a Guardian*" was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

DATE AND TIME: _____

LOCATION: _____

JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

3. **PHYSICIAN APPOINTMENT AND REPORT:** The physician who shall examine the proposed ward and prepare a written report about the condition of the person about whom the Petition was filed is:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

4. **COURT INVESTIGATOR:** An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. **OTHER ORDERS TO PETITIONER:**

A. **COURT PAPERS FOR THE APPOINTED LAWYER:** Petitioner must within **24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated person named in paragraph 2 copies of *the "Petition for Permanent Appointment"* and all related court paperwork, any physicians' reports in his or her possession, and any Orders of the court.

B. **PHYSICIAN REPORT:** Petitioner must, **NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING** file the original of the physician's report with the Clerk of the Court, Probate Registrar, AND mail or hand-deliver a copy of the report to the attorney named in paragraph 2 AND to the offices of the judicial officer named in Paragraph 1, AND to the Court Investigator, 125 West Washington, Phoenix, Arizona 85003.

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER

GUIDELINES FOR PHYSICIAN REPORT

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the court-appointed physician immediately after the ORDER APPOINTING PHYSICIAN is signed. Be sure a written report from the physician is given to everyone listed in the ORDER APPOINTING A PHYSICIAN no later than 10 days before the scheduled hearing.

COURT CASE NUMBER: PB _____

NAME OF PHYSICIAN: _____

NAME OF PATIENT: _____
(This is the person whom the Petitioner says needs a guardian and/or conservator)

NAME OF PETITIONER: _____

PETITIONER'S TELEPHONE NUMBER: _____

DATE AND TIME OF COURT HEARING: _____

INSTRUCTIONS TO PHYSICIAN: A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named above. Before the court grants such a petition, the court must decide if mental, physical, or other cause exists which necessitates a guardianship or conservatorship. Therefore, the court needs to know what you, as the physician for the person, think about the person's health, whether the person needs inpatient mental health treatment, and whether the person's driving privileges should be suspended. The court's goal is to do all that is possible to help the person about whom this case is pending to live as fully as his or her mental or physical impairments allow.

The court realizes that your time is valuable, and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs.

If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist.

After you complete the report, give the original report to the Petitioner and he or she will see to it that necessary copies are properly distributed. Please do not file your report with the Clerk of the Court. PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.

QUESTIONS FOR PHYSICIAN TO ANSWER:

1. What is the date you last saw your patient _____
2. How long have you been his or her physician? _____
3. Why were you asked to do this evaluation?
 - ☐ You have been the person's physician for many years
 - ☐ You were asked to do so by the family
 - ☐ An attorney selected you
 - ☐ Your office is close to the person's residence
 - ☐ You are the doctor for the person's nursing home

☐ Other (please explain)

4. What is your area of specialty? _____
Are you Board Certified in this area? ☐ Yes ☐ No
In any other area? _____

5. Does the person appear to be having difficulty in any of the following areas?

- ☐ Mental disorder
☐ Physical illness
☐ Chronic intoxication or drug use
☐ Cognitive abilities
☐ Anything else

6. If the person is having difficulty, please specify the nature of the illness, disorder, etc. (include the person's diagnosis) _____

7. Has the person been treated or hospitalized before for this difficulty? ☐ Yes ☐ No
If yes, when and where? _____

8. Is the person able to do the following things? If the person is able, please check each applicable box.

- ☐ Pay his or her bills
☐ Obtain food
☐ Provide adequate housing
☐ Perform daily self-help skills
☐ Live alone
☐ Take medication appropriately
☐ Drive a motor vehicle
☐ Make appropriate judgments that will protect him or her personally, physically, or financially

If you believe the person is still able to drive a motor vehicle, but is in need of the assistance of a guardian, please explain why the person should be allowed to keep driving:

9. If the person is currently on medication, please list them.

10. Do you believe that the medication is affecting the person's ability to respond coherently? ☐ Yes ☐ No

11. Do you believe that the medication is affecting the person's ability to ambulate? ☐ Yes ☐ No

12. Do you believe that a "medication holiday," if possible, would help you better evaluate this person?
☐ Yes ☐ No
13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities? ☐ Yes ☐ No
14. Do you believe that any further medical evaluation or treatment would benefit the person? ☐ Yes ☐ No
If so, please give your recommendation:

15. Do you think the person would benefit from other types of therapy such as counseling? Describe.

16. Where do you think the person should live today?

- ☐ At home with a companion
☐ At home with a nurse
☐ In a group home
☐ In a boarding home
☐ In a supervisory care facility
☐ In a nursing home
☐ In a hospital
☐ In a level one behavioral health facility for inpatient mental health treatment. Explain.
☐ Other -- please explain

17. Do you believe that the person's condition could improve within 6 months to a year? ☐ Yes ☐ No
18. Do you believe there is any reason for the court to review this matter again within 6 months to a year?
☐ Yes ☐ No
19. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

Mental Health Treatment Issues (This section must be completed if the petitioner is requesting authority to consent to inpatient mental health treatment.)

1. Is it the opinion of the undersigned that the patient is incapacitated as a result of a mental disorder?
☐ Yes ☐ No
2. What is the mental disorder? _____
3. Is it the opinion of the undersigned that the patient is currently in need of inpatient mental health care and treatment? ☐ Yes ☐ No (For the purpose of this question, the term "currently" means, based upon the medical professional's experience and training, and to a degree of medical probability, that the patient does now or will within a reasonably imminent and immediate time require inpatient mental health treatment.)

4. In the event that the answer to #3 is "Yes", please explain the need for, and the anticipated onset and duration of the inpatient treatment: _____

5. What kind of treatment is the patient currently receiving for this disorder? _____

6. Give a comprehensive assessment of any functional impairments of the patient. _____

7. How and to what extent do these impairments affect the patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions? _____

8. What task of daily living is the patient capable of performing without direction or with minimal direction? _____

9. What is the most appropriate rehabilitation plan or care plan for the patient? _____

10. What would be the least restrictive living arrangement reasonably available for the patient? _____

11. Is there any reason why this patient should not personally appear in court? ☐ Yes ☐ No If "yes", please explain: _____

12. Please make any additional comments or suggestions you feel would be valuable to the court: _____

DATE REPORT PREPARED: _____

SIGNATURE OF PHYSICIAN: _____

PRINTED NAME OF PHYSICIAN: _____